

4.0 FUNCTIONAL UNIT TEMPLATES

4.1 Introduction

Sample Year 2000 Functional Unit templates have been developed as guides or models for the various Administrative, Ancillary, Clinical Care Support, and Patient Care units or divisions in the Health Care Facility. These sample templates have been developed in a table format for easy customization. These sample templates are included in this section, as well as a blank template for facility use.

These sample templates are not intended to be comprehensive, or cover all the functional units or division in a particular location. They should be used as a starting point and document due diligence. Certain items in the sample templates may be specific to a health care facility, while other items may not apply to existing conditions.

Functional unit managers, not senior management, should complete the templates. Unit managers should involve their staff members when completing their templates. This will foster Year 2000 awareness and help the entire health care facility staff recognize their importance and the relevance of Year 2000 contingency planning.

The contingency plan templates may need revision as more information becomes available to the functional unit managers or the BCPW. As planning continues and facility preparations are refined, the templates will require frequent assessment and adjustment. As the functional unit templates evolve, feedback and coordination with the BCPW will be needed so the health care facility plan remains consistent.

4.1.1 Other Critical Services not Conducive to the Functional Unit Templates

Although most of the Year 2000 preparation activities within the health care facility can be addressed with functional unit templates, there are other critical services/departments where this approach may not work. Working with both clinical and administrative areas throughout the health care facility, the BCPW can help identify those functional units where the functional unit templates alone may not be suitable. However, similar to the template approach, it is imperative that functional area users identify and complete all contingency plan elements for their area.

Examples of these areas might include:

- Home Based Health Care
- Respiratory Therapy
- Prosthetics
- Infectious Diseases
- Oncology/Hematology
- Biomedical and Facility Engineering

For example, Home Based Health Care (HBHC) should define a risk priority for patients under their care and determine which patients (if any) need to be brought into the health care facility on December 31 for an overnight stay. These may include ventilator-dependent patients, oxygen-dependent patients, and others. HBHC staff will also need to develop a plan for contacting appropriate patients who remain at home and determining whether any Year 2000

related exigencies materialize. HBHC will need to coordinate with Pharmacy and Respiratory Therapy to assure suppliers have been contacted and asked about Year 2000 readiness.

Facility Engineering and Information Resource Management play a critical role in virtually every aspect of Year 2000 Contingency Planning. As such, developing functional unit templates does not reflect their full scope of responsibilities. They must be key players in BCPW and work with functional unit managers in developing their respective templates.

4.1.2 Guidelines for Completing the Templates

When completing the function unit templates, managers should make sure that each of the mission-critical systems listed is thoroughly and thoughtfully evaluated. The contingency planning process must take into account that certain failures may not be immediately apparent.

Functional Unit Managers should begin by referring to the health care facility's current disaster plan. Simply copying the disaster plan will not adequately address many of the potential problems caused by the Year 2000.

4.1.3 Functional Unit Template Instructions

Functional Unit templates have divided into five columns. Each is discussed below with instructions on how to complete each section.

Column 1: Mission-Critical Systems

This column lists the critical facilitywide systems for a VA health care facility. Space has been provided for adding systems that are critical to individual functional units. Individual functional units may have additional mission-critical systems to add, and space for these systems has been provided. For example, Fiscal Service may have "Insurance Companies" as an additional mission-critical system, while the intensive care units may include "Patient Monitoring System" as one of their additional mission-critical systems. The Functional Unit Managers must ensure that the information in the template addresses their needs and responsibilities within the facility.

Column 2: Potential Problems

The potential problems faced by the Functional Unit in the event of a critical-system failure should be specific enough that contacts can be identified and preparations made to minimize the impact. The sample templates illustrate typical problems that various functional units may face. Samples are provided as a result of close collaboration with staff from Functional Units at a number of VA health care facilities.

Some potential problems may have reciprocal effects on other critical systems. For example, a failure of a switchboard may have a direct effect upon communications and an indirect impact on certain alarm systems, particularly if the alarm for medical air is routed to the switchboard.

Column 3: Contact for Assistance in Preparing for Potential Problems

This column provides space to list those individuals who can provide guidance in determining the hazards that could occur as well as offering assistance for contingency planning.

Column 4: Preparations to Minimize Potential Problems

Functional Unit Managers should list in this column proactive measures that they will take to mitigate potential interruption in operations. These actions should be planned in cooperation with the contacts listed in Column 2. Some systems are interrelated, and they should be reflected in the template.

For example, steam distribution may affect heating if the facility uses steam radiators. In this case the "Heating, Ventilation, and Air Conditioning" preparations section may contain a reference to the "Steam Distribution" preparations.

Column 5: If there is an Interruption in Operations Due to Loss of the Critical System**A. Assess the situation for:**

This column is used to identify actions necessary to determine the scope and impact of system failures on the Functional Unit. Additionally, this column is used to list officials within the hospital who should be notified of the failure of a critical system.

The items necessary for immediate and continued operation of the functional unit should be listed. These should be as specific as possible, but not be so detailed as to prevent a rapid and concise assessment of the viability of continued operations, even at a reduced level.

These should not be the same things as listed under the "Potential Problems" (Column 2). The Functional Unit Manager should assume that one or more of the listed problems has occurred when completing this section. The ability of the Functional Unit to continue even partial operation, long or short term, must be assessed for communication to the health care facility's Command Center.

Assessment must be ongoing until the mission-critical system is back in full working order.

B. Action required:

Listed in this column are actions necessary to maintain continuing operations of the Functional Unit when a critical system fails. The actions listed may be immediate or delayed, depending on the assessment of unit functionality.

These actions may be strictly internal to the unit, involve other functional units or activities outside the unit, or specify communications to the Command Center, or to others in the chain-of-command. The action, however, is what the unit staff will do, not what other units or activities will do.

The actions should be concise and clear. This is essential since unit staff must know what actions to take in the event of a mission-critical system failure.

If other functional units must provide assistance, list the method of communication along with the items or assistance that is needed. The actions listed in the contingency plan template are those performed within the Functional Unit, not those that are the responsibility of another functional unit or activity. As an example, if potable (drinkable) water is unavailable through normal means, the action may be "Contact Supply for bottled water through Command Center." This concise statement lists the action ("contact"), the need

("bottled water"), the unit to provide the needed item ("Supply"), and the method of communication ("through the Command Center"). The "who" is the assigned staff member(s) of the Functional Unit, and does not need to be included in the template, as this will change depending on the duty roster.

Operations of the Functional Unit may have to be moved in order to continue functioning or caring for patients. The details of such action should already be detailed in the health care facility disaster plan and need not be repeated in the Year 2000 template.